

Virginia Rural Vitality Proposal Statements as Context for Assessment & Execution Support	
Provider Productivity	Provider Interoperability
<p>p. 21 narrative</p> <p>The Provider Productivity sub-initiative is intended to support adoption of decision-support, documentation, and workflow tools, including AI advances to reduce administrative burden, ease provider burnout and allow rural clinicians to focus more of their valuable time on patient care.</p>	<p>p. 21 narrative</p> <p>The Provider Interoperability sub-initiative will support independent rural providers, FQHCs, RHCs, free clinics and eligible health systems in modernizing their digital infrastructure— closing the technology gap that often prevents rural providers from keeping pace with EHR and cybersecurity advancements.</p>
<p>p. 22 narrative</p> <p>The Provider Productivity fund will support independent rural providers, clinics, and health systems in adopting or upgrading digital tools that improve efficiency and reduce administrative burden on provider practices.</p> <p>Funded technologies must align with at least one of three focus areas—clinical decision support, documentation assistance, or workflow automation— to enhance interoperability, streamline provider operations, and strengthen coordination across the care continuum.</p> <p>Providers will receive technical assistance to select appropriate tools and vendors. In addition to improving speed and quality of care delivery, these tools will help alleviate workforce shortage issues by making nurses, doctors and other support staff more efficient and reducing burnout.</p> <p>Funding will be distributed through a partnership between DMAS and the Virginia Health Care Foundation (VHCF), a public–private organization with strong existing relationships across Virginia’s rural primary care and behavioral health provider networks. VHCF will run a competitive process to award grants to rural providers and health systems.</p> <p>The Fund is expected to reduce provider burnout, increase patient visit volume and availability and bolster provider financial solvency—ensuring rural practices remain sustainable over time.</p>	<p>p. 23 narrative</p> <p>The Provider Interoperability fund focuses on supporting those providers who are at the earlier stages of incorporating technology into their practices.</p> <p>It will provide targeted funding to help independent rural providers (incl. federally recognized Tribes), FQHCs, RHCs, free clinics and eligible health systems to modernize their EHR systems and strengthen cybersecurity infrastructure.</p> <p>The program will support upgrades to legacy systems, enhance internal data exchange and reporting, and protect patient information from increasing cybersecurity threats.</p> <p>These investments are intended to decrease administrative burden, reduce risk of costly data breaches and privacy issues, and improve care coordination across rural clinics, laying the groundwork for long-term digital resilience.</p> <p>Funding will be distributed through a partnership between DMAS and the Virginia Health Care Foundation (VHCF), with VHCF managing the competitive process to award grants to providers.</p>
<p>Table 13 – Use of Funds (p. 24)</p> <p>VHCF will administer a fund to support rural providers in adopting new, pre-selected tools to improve productivity through better decision support, documentation automation, and workflow efficiency.</p> <ul style="list-style-type: none"> • Procurement of digital productivity and documentation tools including licenses or subscriptions covered for up to two years to support infrastructure development and program start-up for participating providers and health system • One-time hardware or software integration with existing EHR systems and clinic workflows • Training, technical assistance, and implementation support: <ul style="list-style-type: none"> ○ Understanding digital offerings and selecting health tech vendors ○ Implementing and optimizing system functionality, including workflow redesign and interoperability with existing data systems ○ Training providers and staff to effectively use new technologies for documentation, clinical decision support and workflow automation ○ Incorporating tech expenses into ongoing operating costs after 5-year funding from RHTP is complete 	<p>Table 13 – Use of Funds (p. 25)</p> <p>VHCF will administer a fund to support rural providers (incl. FQHCs, RHCs, and free clinics) in adopting upgraded EHR, cybersecurity and data analytics platforms.</p> <ul style="list-style-type: none"> • Assessments of current IT, EHR and cybersecurity tech to identify gaps • One-time hardware and software integration to support adoption or enhancement of EHR and cybersecurity systems • Time-limited (up to two years) support for ongoing EHR and cybersecurity licenses and subscriptions during implementation/startup • Training, technical assistance, and implementation support: <ul style="list-style-type: none"> ○ Understanding digital offerings and selecting health tech vendors ○ Optimizing system functionality, interoperability, workflow alignment ○ Training staff on EHR and cybersecurity best practices and tech use ○ Incorporating tech expenses into ongoing operating costs after 5-year funding from RHTP is complete

Provider Productivity	Provider Interoperability
<p>Table 14 – Stakeholders</p> <p>Full range of providers, including independent rural providers, free clinics, FQHCs, RHCs, federally recognized Tribes, and health systems; Virginia Healthcare Foundation.</p>	<p>Table 14 – Stakeholders</p> <p>Safety net providers including free clinics, FQHC and RHCs, independent rural providers and federally recognized Tribes; Virginia Healthcare Foundation.</p>
<p>Tables 15 and 36 – Metrics</p> <ul style="list-style-type: none"> Incremental number of rural providers by county using tech-enabled provider productivity tools by provider type Average estimated provider time savings achieved through productivity tools Average increase in estimated provider revenue or billable services achieved through productivity tools 	<p>Tables 15 and 36 - Metrics</p> <ul style="list-style-type: none"> Table 15 - Incremental number of rural providers/ hospitals on EHR platforms Table 36 - % of rural providers on certified electronic health record technology (CEHRT)

Key Performance Objectives

Table 10

KPO: Modernize provider operations and increase adoption of technology in rural communities

Metric: % of providers using EHRs or digital workflow tools aligned with CMS Health Technology Ecosystem criteria and ASTP/ONC criteria

Table 16

The Provider Productivity, Interoperability, and RPM sub-initiatives directly contribute to modernization of provider operations and adoption of technology. The initiative metrics also directly feed into the overall program performance objective metrics.

Table 38 – Sustainability Approach

Health systems and providers will absorb ongoing program costs into operating budgets after year 5, supported by technical assistance on budgeting.

Productivity tools expected to yield time and cost savings, incentivizing subrecipients to maintain tools long-term

Table 38 – Sustainability Approach

Providers will integrate program costs into budgets after year 5 with technical assistance on budgeting and planning

EHR and cybersecurity tools expected to generate efficiency and cost savings, encouraging sustained use. It may also result in increased revenue through more accurate and timely claims submissions.

Figure 9. Provider Productivity Implementation

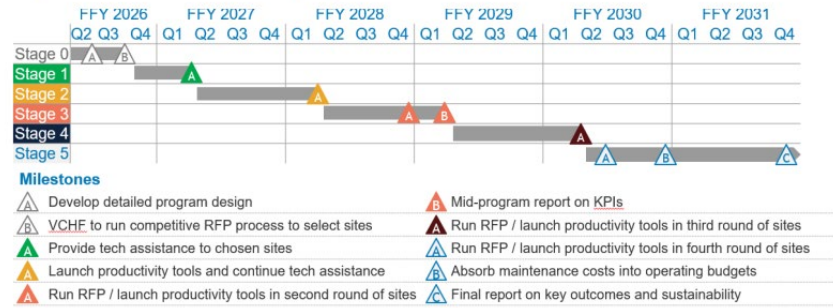
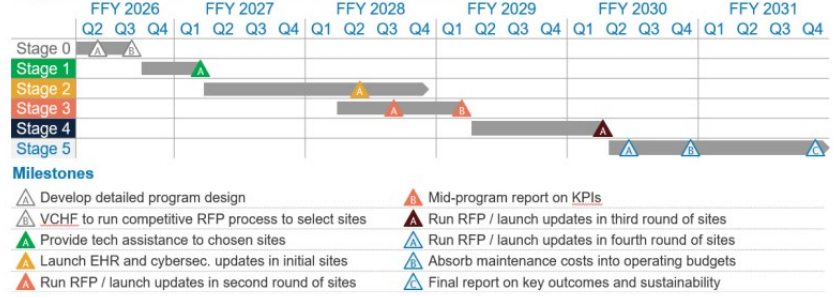


Figure 10. Provider Interoperability Implementation



Map of Rural Virginia

